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FORM 1

Office

Use Only

## STATEMENT OF **ORGANIZATION**

FEC MAIL CENTER 2022 JAN 20 AM 8: 30

FEC FORM 1-(Revised 06/2012)

		Office Use Only			
NAME OF     COMMITTEE (In full)	(Check if name Example: If typing, type over the lines.	12FE4M5			
STIATIE TIROP	PIERISI INCO ASSISIOCI 'INTTI'DIN	101F NEW JERSEY			
FEDERAL PAR					
ADDRESS (number and street)					
(Check if address is changed)	213 CROSSIMICKS ROAD				
	BORDENTOWN	<b>U</b>			
COMMITTEE'S E-MAIL ADDRE	ss				
(Check if address is changed)	OFFICE @NCO11921,0RG				
	Optional Second E-Mail Address				
COMMITTEE'S WEB PAGE ADI  (Check If address is changed)	DRESS (URL)				
2. DATE 0,1 0,1 20,22					
3. FEC IDENTIFICATION NUMBER > COULT 18616					
4. IS THIS STATEMENT	NEW (N) OR AMENDED (A)				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.					
Type or Print Name of Treasurer	ADAM KUTEPOW				
Signature of Treasurer	TREASURER	Date 01 13 2022			
NOTE: Submission of false, errone	NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				

For further Information contact:

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

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		PE OF COMMITTEE				
	الأحا	e Committee:				
(4	a) [_]	This committee is a principal campaign committee. (Complete the candidate information below	.)			
(	b) [_	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name of Candidate	<u> </u>	<u></u>			
	Candidate Party Affiliat	Office Sought: House Senate President	State			
(	e) [	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 1			
	lame of andidate					
- F	Party Cor	nmittee:				
	a) []	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
F	Political A	ction Committee (PAC):	· · · · · · · · · · · · · · · · · · ·			
	9)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a			
•	, 593	Corporation Corporation w/o Capital Stock	Labor Organization			
			,			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	·			
J	oint Fund	Iraising Representative:				
(g	) []	This committee collects contributions, pays fundralsing expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political			
	Com	mittees Participating in Joint Fundraiser				
	1.					
	1.		<u> </u>			
	2.	FEC ID number C				
	3.	FEC ID number C				
	4.		A STATE OF THE PARTY OF THE PAR			

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V	Vrite or Type Committee Nam	e	
S	TATE TROOPERS	NCO ASSOCIATION OF NEW JEESEY	
6.	•	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership	p PAC Sponsor
_			
<u>S</u>	MATE MEDIO	PIEIRS IMCIOI IAISISIOICI: ATTION IOF INEWI	Tersey
U	149.11111		لللللل
	Mailing Address		
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	48.30	BIDIPIDENTOWN 11111 MT 19850	.SI-1
			P CODE
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Julead	ership PAC Sponsor
		<del></del>	
7.	Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the person in posse	assion of committee
	IA	n Klute, ROW	
	Full Name DIDITE	Δ .	<u> </u>
	Mailing Address	12.1.3 CHOISISIWICKS ROAD	<u></u>
		BORDENTOWN NT 1985P	لىسبا-لك
	Title or Position	CITY STATE ZI	P CODE
	LI LEASU LER	Telephone number 609-29	<u> 8 -[8 8 4 8 </u>
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name	and address of
	any congress agom (e.g.,		_
	Full Name of Treasurer	n Kutefow	لىلىلىل
	Malling Address		
		213 CROSSWICKS ROAD	1
		BORDENTOWN NAT 10850	ا اداک
			P CODE
	Title or Position		/
	Theasurer	Telephone number 699-29	8-8848
			ď

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

MON - 17 JAN 4:30P STANDARD OVERNIGHT

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